

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

College of American Pathologists Political Action Committee

Full Name (Last, First, Middle Initial)

A. Dr. William Charles Pitts MD

Mailing Address Sierra Path Lab
PO Box 2130

City State Zip Code
Clovis CA 93613-2130

FEC ID number of contributing
federal political committee.

C

Name of Employer

Pathology Associates

Occupation

Pathologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
04 / 04 / 2012

Transaction ID : SA11AI.46457

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. Dr. Julie A Plumbley MD

Mailing Address Dept of Path
70 Med Ctr Cir Ste 309

City State Zip Code
Fishersville VA 22939-2273

FEC ID number of contributing
federal political committee.

C

Name of Employer

Blue Ridge Pathologists

Occupation

Pathologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
04 / 13 / 2012

Transaction ID : SA11AI.46459

Amount of Each Receipt this Period

600.00

Full Name (Last, First, Middle Initial)

C. Dr. James M Pullman MD, PhD

Mailing Address Surgical Pathology
4th Flr Foreman Pavilion

City State Zip Code
Bronx NY 10467-2401

FEC ID number of contributing
federal political committee.

C

Name of Employer

Montefiore Med Ctr

Occupation

Pathologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
04 / 17 / 2012

Transaction ID : SA11AI.46461

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1350.00